

## Internal Medicine Coding Alert

### Reader Question: Using 94760

**Question:** Many insurance companies list 94760 (noninvasive ear or pulse oximetry for oxygen saturation; single determination) as a payable code but deny it as incidental to the office visit or other related codes. The Correct Coding Initiative (CCI) does not list it as bundled and Medicare always pays when billed with an appropriate diagnosis code. Does a pulmonary specialist have any other options for obtaining reimbursement?

Anonymous Nevada Subscriber

**Answer:** According to page 59413 of the Nov. 2, 1999, Federal Register, Medicare stated it would no longer pay separately for code 94760. The Health Care Financing Administration (HCFA) published its final rule on payment policy for 2000 and printed a response to the comments received on its proposed rule on payment policy in the Nov. 2 Federal Register.

However, in a carrier memorandum dated Jan. 5, 2000, titled Emergency Changes to the 2000 Medicare Physician Fee Schedule Database, HCFA announced that it has changed its policy regarding 94760 and 94761. These codes are no longer bundled with the related evaluation and management (E/M) service and can be reported separately to Medicare. Carriers will be sent a new claims editing file with the corrected coding edits. The corrections to the previously published Medicare Fee Schedule were to be effective for claims dated Jan. 1, 2000 and after. The editing corrections should have been implemented by Jan. 10, 2000. If your claims are denied by Medicare carriers, call your carrier representative and cite the above memorandum.

Please note that many commercial carriers have long considered pulse oximetry determinations bundled with the E/M service. Commercial carriers often adopt CCI edits but are not required to abide by them and may add or modify them as they wish.